

SAMPLE: INCOME VERIFICATION

Program Name Here

Child Name: _____

This child is income-eligible to participate in:

☐ Head Start ☐ Great Start Readiness Program ☐ Other: _____

Income Source

Amount Received

<input type="checkbox"/> Income Tax Form 1040	_____
<input type="checkbox"/> W-2	_____
<input type="checkbox"/> TANF documentation	_____
<input type="checkbox"/> Pay Stub or Pay Envelopes	_____
<input type="checkbox"/> Unemployment	_____
<input type="checkbox"/> Written statement from employers	_____
<input type="checkbox"/> Foster Care Reimbursement	_____
<input type="checkbox"/> SSI documentation	_____
<input type="checkbox"/> Child Support	_____
<input type="checkbox"/> Alimony	_____
<input type="checkbox"/> Pension(s)	_____
<input type="checkbox"/> Other	_____

Documentation of no income: _____

I verify that I viewed documentation of the information provided above.

Staff Signature

Date of verification

Staff Title

Jan. 2013